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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator D A & S Oil Well Servicing, Incorporated	
Address P. O. Box 2545 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Request Test Allowable of 2500 Bbls. oil.	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "A"	Well No. 1	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee Federal	Lease No. NM 7827
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Line of Section 9	Township 26 South	Range 36 East	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining Co.	Address (Give address to which approved copy of this form is to be sent) 501 N. Linam Hobbs, N. M. 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 9	Twp. 26S	Pge. 36E
	Is gas actually connected?		When	
	No			

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-29-78	Date Compl. Ready to Prod. 11-21-78		Total Depth 3605'		P.B.T.D. 3551			
Elevations (DF, RKB, RT, GR, etc.) 2973 KB	Name of Producing Formation Yates		Top Oil/Gas Pay 3460'		Tubing Depth 3496'			
Perforations 1 each at: 3466, 67, 68, 69, 70, 71 & 72 (7 shots) 1 each at: 3481, 82, 83, 84, 85, 86, 87 & 88 (8 shots)					Depth Casing Shoe 3599'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		1405'		750 sx. circulated			
7 7/8"	4 1/2" 11.6# & 10.5#		3599'		1225 SX. circulated			
	2 3/8" 4.7# J-55		3496'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Vice-President

(Title)

October 31, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 2 1978**, 19_____
BY **Orig. Signed**
Jerry Sexton
TITLE **Dist 1, Supv.**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RESEARCH 4.2

1997-1998

ON CONSERVATION PROGRAM
SERIAL 1